

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046198

FILED JAN 5 1962
 Registration District No. **318**

Primary Registration District No. **1003** Registrar's No. **12110**

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

FLOWING SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.			Length of stay in 1b		c. CITY OR TOWN ST LOUIS		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2727 RUTGER		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ETHEL Middle GRENSHAW Last				4. DATE OF DEATH Month 12 Day 24 Year 61			
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-16-1923	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months 1 Days 8	IF UNDER 24 HR Hours 8 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) ROME MISS		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME PERCY JONES			13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ---		17. INFORMANT Address 2727 RUTGER RUE BEN GRENSHAW RUTGER			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcinomatous							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) Adenocarcinoma of @ breast							
DUE TO (c) 170x							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 12/14/61 to 12/24/61 and last saw him alive on 12/24/61 Death occurred at 9:28 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Walton E. Byrd M.D.				22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 12/24/61	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
REMOVAL 12-29-61		12-29-61		WASHINGTON PARK		ST LOUIS MO	
24. FUNERAL DIRECTOR RELIABLE FUNERAL SWS 13894				25. DATE RECD. BY LOCAL REG. DEC 26 1961		26. REGISTRAR'S SIGNATURE Earl Smith M.D.	

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence Crook

Licensed Embalmer No. 7755

P. O. Address 1389 Uni

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.